

ARIZONA STATE BOARD OF ACCOUNTANCY
100 North 15th Avenue, Suite 165
Phoenix, Arizona 85007
Phone 602-364-0804
Facsimile 602-364-0903



CANCELLATION OF LICENSE FORM

Name as Licensed: _____

Certificate No: _____
(Required)

- ☐ Please cancel my license
☐ I have enclosed my certificate (certificate must be returned prior to completion of cancellation process)

Reason for Cancellation:

Signature: _____
(Required)

Contact Address: _____
(Required) Street City State Zip

Phone Contact #: _____
(Required)

Date: _____

Upon receipt of this completed cancellation request form, Board staff will create a Cancellation Order, which will require your signature. Staff will mail the Cancellation Order to you by certified mail; please sign this Order and mail it back to the Board office for approval and processing by the Board. You will also be required to return your certificate to the Board office.

Mail completed form to:
Arizona State Board of Accountancy
100 N. 15th Avenue, Ste. 165
Phoenix, AZ 85007

OR

Fax completed form to:
602-364-0903